Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Justin First name Keith	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Mayhorn Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	}	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1235	

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Debtor 1 Justin Keith Mayhorn

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs			
5.	Where you live	404 Craemieus Lema	If Debtor 2 lives at a different address:			
		184 Greenview Lane Linwood, NC 27299 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		<u>Davidson</u> County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are choosing to file under	Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7							
	choosing to file under								
		☐ Chap	ter 11						
		☐ Chap	ter 12						
		■ Chap	ter 13						
8.	How you will pay the fee	ab ord	out how yo	ou may pay. Typic attorney is submi	ally, if you are paying the fee yo	with the clerk's office in your local court for murself, you may pay with cash, cashier's check lf, your attorney may pay with a credit card or	, or money		
						n, sign and attach the Application for Individua	als to Pay		
		□ Ire	equest tha	at my fee be waiv		only if you are filing for Chapter 7. By law, a ju ur income is less than 150% of the official pove			
		ар	plies to yo	ur family size and	you are unable to pay the fee in	installments). If you choose this option, you mal Form 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
	•		District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ No.	Go to	line 12.					
		☐ Yes.	Has yo	our landlord obtain	ed an eviction judgment agains	you?			
				No. Go to line 12	<u>.</u> .				
				Yes. Fill out <i>Initia</i> this bankruptcy p		<i>ludgment Against You</i> (Form 101A) and file it a	as part of		

Debtor 1 Justin Keith Mayhorn

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Debtor 1 Justin Keith Mayhorn				Case number (if known)		
Par	Report About Any Ru	ısinassas	You Own as a Sole Proprie	ator		
	•	311103303	Tou Own as a cole i Topin			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	Go to Part 4.		
		☐ Yes.	Name and location of bu	siness		
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a		Number, Street, City, Sta	ate & ZIP Code		
	separate sheet and attach it to this petition.		Check the appropriate b	ox to describe your business:		
				iness (as defined in 11 U.S.C. § 101(27A))		
			_	al Estate (as defined in 11 U.S.C. § 101(51B))		
			_ •	defined in 11 U.S.C. § 101(53A))		
			_ `	er (as defined in 11 U.S.C. § 101(6))		
			☐ None of the abov	- '''		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i> For a definition of <i>small</i> <i>business debtor</i> , see 11 U.S.C. § 101(51D).	deadline operation	s. If you indicate that you are as, cash-flow statement, and s.C. 1116(1)(B). I am not filing under Chall I am filing under Chall Code.	e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure apter 11. The triangle of the definition in the Bankruptcy and I am a small business debtor according to the definition in the Bankruptcy code.		
Par	t 4: Report if You Own or	r Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	Yes.	What is the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?			
	- '			Number, Street, City, State & Zip Code		

Debtor 1 Justin Keith Mayhorn

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Justin Keith Mayh	orn		Case number (if known)					
Part	6: Answer These Quest	ions for Re	porting Purposes						
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b.						
	Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? How many Creditors do		☐ No. Go to line 16b.						
No. Go to line 16b. Yes. Go to line 17.									
			•	<u> </u>					
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you o	owe that are not consumer debts or bus	siness debts				
		_							
17.		■ No.	am not filing under Chapter	r 7. Go to line 18.					
	after any exempt								
	administrative expenses		□ No	siness debts? Business debts are debts that you incurred to obtain streent or through the operation of the business or investment. we that are not consumer debts or business debts 7. Go to line 18. to you estimate that after any exempt property is excluded and administrative expenses allable to distribute to unsecured creditors? 1,000-5,000					
			☐ Yes		this? Business debts are debts that you incurred to obtain rough the operation of the business or investment. Dis? Business debts are debts that you incurred to obtain rough the operation of the business or investment. Dis? Business debts				
18.	How many Creditors do	1 4 40		П 1 000-5 000	□ 25 001.50 000				
	you estimate that you								
	owe r	□ 100-19	9	□ 10,001-25,000	☐ More than100,000				
		□ 200-99	9						
19.		□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
	-								
		— \$500,00) i - \$1 million						
20.	4. 4 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
	•								
					that you incurred to obtain siness or investment. ses debts perty is excluded and administrative expenses? 25,001-50,000				
		Δ ψ500,00	γι - ψι million		·				
Part	7: Sign Below								
For	you	I have exa	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
		I request re	elief in accordance with the	chapter of title 11, United States Code,	specified in this petition.				
			Keith Mayhorn	Cianatius of D	obtor 2				
		Signature	eith Mayhorn of Debtor 1	Signature of Di	EDIUI Z				
		Executed		Executed on					
			MM / DD / YYYY		MM / DD / YYYY				

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Debtor 1	Justin Keith May	yhorn	Case number (if known)	
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ B. Peter Jarvis	Date	March 29, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
B. Peter Jarvis 46149		
Printed name		
Tennant & Jarvis, P.C.		
Firm name		
P.O. Box 4585		
Archdale, NC 27263		
Number, Street, City, State & ZIP Code		
Contact phone 336-431-9155	Email address	Tennantlaw@triad.twcbc.com
46149 NC		
Bar number & State		<u> </u>

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Fill	in this in	formation to identify yo	our case:			
	otor 1					
Dep	NOI I	Justin Keith M First Name	Middle Name	Last Name		
1	otor 2 use if, filing)	First Name	Middle Name	Last Name		
'		s Bankruptcy Court for th				
		, ,	e. MIDDLE DIOTRIOT OF	NORTH GARGEINA		
Cas (if kno	e numbe own)	r			☐ Che	ck if this is an
					ame	nded filing
Off	ficial	Form 106Sum				
Su	mmar	y of Your Asset	s and Liabilities an	nd Certain Statistical Information	i	12/15
infor	mation.	Fill out all of your sche	dules first; then complete th	are filing together, both are equally responsible information on this form. If you are filing amend the box at the top of this page.		
Part	1: Su	mmarize Your Assets				
					Your	assets
					Value	of what you own
1.	Schedu 1a Con	Ile A/B: Property (Officially line 55. Total real estat	al Form 106A/B)		\$	114,200.00
						34,720.00
	·	,				•
	1c. Cop	y line 63, Total of all prop	perty on Schedule A/B		\$	148,920.00
Part	2: Su	mmarize Your Liabilitie	s			
						liabilities
					Amou	nt you owe
2.			e Claims Secured by Property olumn A, Amount of claim, at t	(Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D.</i>	\$	155,423.00
3.			ave Unsecured Claims (Official art 1 (priority unsecured claim	I Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	. \$	0.00
	3b. Cop	y the total claims from P	art 2 (nonpriority unsecured cl	laims) from line 6j of Schedule E/F	\$	9,313.00
				Your total liabilitie	s \$	164,736.00
Dowt	C.					
Part		mmarize Your Income	•			
4.		le I: Your Income (Officia our combined monthly inc		· L	\$	2,894.86
5.		le J: Your Expenses (Off				4 005 00
	Copy yo	our monthly expenses fro	m line 22c of Schedule J		\$	1,635.00
Part	4: An	swer These Questions	for Administrative and Stati	stical Records		
6.	•		ander Chapters 7, 11, or 13? port on this part of the form. Cl	heck this box and submit this form to the court with	our other s	chedules.
7.	■ Ye	s ind of debt do you have	?			
				debts are those "incurred by an individual primarily for grant of the statistical purposes. 28 U.S.C. § 159.	or a persona	ıl, family, or
	☐ Yo		ily consumer debts. You have	ve nothing to report on this part of the form. Check to	his box and	submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Justin Keith Mayhorn

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,683.96

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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		400 10 0002		300 I 1 1100 00/20/10 1 0	90 10 01		
Fill in this inform	ation to identify	your case and th	is filing	j :			
Debtor 1	Justin Keith						
Dobtor 2	First Name	Middle	Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name			
United States Ban	kruptcy Court for	the: MIDDLE DI	ISTRIC [*]	T OF NORTH CAROLINA			
Case number							☐ Check if this is an
Case Humber							☐ Check if this is an amended filing
Official For	m 106A/E	<u> </u>					
Schedule	A/B: Pr	operty					12/15
think it fits best. Be information. If more Answer every questi	as complete and a space is needed, a on.	accurate as possibl attach a separate sl	e. If two neet to ti	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In	equally resp	onsible for su	pplying correct
1. Do you own or ha	ive any legal or eq	uitable interest in a	ny resid	lence, building, land, or similar property?			
☐ No. Go to Part	2.						
Yes. Where is	the property?						
1.1 184 Greenv Street address, if	riew Lane available, or other des	cription	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secured	ims or exemptions. Put I claims on <i>Schedule D:</i> as <i>Secured by Property</i> .
				Manufactured or mobile home	Current va	lue of the	Current value of the
Linwood	NC	27299-0000		Land	entire prop	=	portion you own?
City	State	ZIP Code	片	Investment property Timeshare		4,200.00	\$114,200.00
				Other			our ownership interest ancy by the entireties, or
				has an interest in the property? Check one		e), if known.	
Davidson			_	Debtor 1 only	tenants	in common	
County				Debtor 2 only Debtor 1 and Debtor 2 only			
,			_	At least one of the debtors and another	☐ Check	if this is com	munity property
			Othe	r information you wish to add about this iter	,	,	
				erty identification number:			
			tax	value			
				your entries from Part 1, including any r here		=>	\$114,200.00
Part 2: Describe Y							

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debte	or 1 Justin Keitl	n Mayhorn		Case number (if known)	
з Ca	rs vans trucks trad	ctors, sport utility ve	hicles motorcycles		
o. Ou	io, vario, tracito, trac	otors, sport utility ve	motor dydies		
	No				
	Yes				
3.1	_{Make:} Nissan		Who has an interest in the property? Check one		claims or exemptions. Put
	Model: Rogue		Debtor 1 only		ed claims on Schedule D: ims Secured by Property.
	Year: 2016		Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	50,000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:		■ At least one of the debtors and another		
	90% NADA				
			☐ Check if this is community property	\$20,000.00	\$20,000.00
			(see instructions)		
3.2	Make: Victory		Who has an interest in the property? Check one		claims or exemptions. Put ed claims on Schedule D:
	Model: CrossCo	ountry	■ Debtor 1 only		ims Secured by Property.
	Year: 2016		Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	30,000	Debtor 1 and Debtor 2 only	entire property?	Current value of the portion you own?
	Other information:		At least one of the debtors and another		
	90% NADA				
			☐ Check if this is community property	\$13,070.00	\$13,070.00
			(see instructions)		
.pa	ages you have attach		rn for all of your entries from Part 2, including that number here		\$33,070.00
			terest in any of the following items?		Current value of the
Бо у	ou own or have any	legal of equitable in	terest in any or the following items?		portion you own? Do not deduct secured claims or exemptions.
E_{λ}	No	furnishings nces, furniture, linens	, china, kitchenware		
_	Yes. Describe				
		Appliances			\$400.00
				<u> </u>	
		1		1	4000.00
		Furniture			\$600.00
		Tools			\$100.00
E)	•	and radios; audio, vide Il phones, cameras, n	eo, stereo, and digital equipment; computers, pr nedia players, games	rinters, scanners; music collect	ions; electronic devices
		TV/Commuter			¢200 00
		TV/Computer			\$200.00

Official Form 106A/B

D	ebior i Justin i	Keith Maynorn	Case n	number (ir known)
8.			, or other artwork; books, pictures, or other art obje	ects; stamp, coin, or baseball card collections;
	■ No			
	☐ Yes. Describe			
9.			er hobby equipment; bicycles, pool tables, golf club	ubs, skis; canoes and kayaks; carpentry tools;
	Yes. Describe			
10.	. Firearms			
	■ No	s, rifles, shotguns, ammunition, a	and related equipment	
	Yes. Describe			
11	Clothes			
		day clothes, furs, leather coats, o	designer wear, shoes, accessories	
	□ No			
	Yes. Describe			
		Clothing		\$200.0
	■ No □ Yes. Describe Non-farm animal Examples: Dogs, ■ No □ Yes. Describe	 Is cats, birds, horses 	igagement rings, wedding rings, heirloom jewelry, v	
	■ No □ Yes. Give spec	sific information		
15		•	n Part 3, including any entries for pages you ha	ave attached \$1,500.00
Pa	art 4: Describe Your	Financial Assets		
		e any legal or equitable interest	t in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	■ No		r home, in a safe deposit box, and on hand when yo	you file your petition
	⊔ Yes			
17.		king, savings, or other financial a	accounts; certificates of deposit; shares in credit uniting with the same institution, list each.	nions, brokerage houses, and other similar
	■ Yes		Institution name:	
		17.1. Checking	Lion's Share FCU	\$100.0
		ir.i. Checking	LION 3 JIIAI 6 I OU	Ψ100.0

Official Form 106A/B Schedule A/B: Property page 3

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D	Justin Keith i	waynorn		Case number (# known)	
		17.2. Savings	Lion's Share FCU		\$50.00
18.			ocks with brokerage firms, money market	accounts	
	■ No □ Yes	Institution or	issuer name:		
19.	Non-publicly traded sto joint venture ■ No	ck and interests in	incorporated and unincorporated	businesses, including an interest in	an LLC, partnership, and
	☐ Yes. Give specific info	rmation about them Name of entity:		% of ownership:	
20.	Negotiable instruments i	nclude personal che ents are those you ca	er negotiable and non-negotiable in ks, cashiers' checks, promissory not nnot transfer to someone by signing	tes, and money orders.	
21.	Retirement or pension a Examples: Interests in IF No Yes. List each account	accounts RA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts Institution name:	, or other pension or profit-sharing plar	ns
22.		repayments deposits you have r	nade so that you may continue servic d rent, public utilities (electric, gas, w Institution name or ind	vater), telecommunications companies,	or others
23.		a periodic payment	of money to you, either for life or for a	a number of years)	
	■ No □ Yeslssr	uer name and descri	otion.		
24.	26 U.S.C. §§ 530(b)(1), 52	29A(b), and 529(b)(1		under a qualified state tuition progra	m.
25.			, , ,	line 1), and rights or powers exercis	sable for your benefit
	■ No □ Yes. Give specific info	rmation about them		, ,	·
26.	Patents, copyrights, tra Examples: Internet doma	demarks, trade sec ain names, websites,	rets, and other intellectual propert proceeds from royalties and licensin		
27.	 Yes. Give specific info Licenses, franchises, at Examples: Building perm No Yes. Give specific info 	nd other general int nits, exclusive license	angibles s, cooperative association holdings,	liquor licenses, professional licenses	
M	oney or property owed to	you?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

De	btor 1	Justin Keith Mayhorn	Case number (if known)	
28.	Tax re	funds owed to you		
_0.	■ No	······································		
	☐ Yes.	Give specific information about them, including whether you alre	eady filed the returns and the tax years	
29.	Family	support		
		ples: Past due or lump sum alimony, spousal support, child supp	ort, maintenance, divorce settlement, property	settlement
	■ No			
	⊔ Yes.	Give specific information		
	011			
30.		amounts someone owes you ples: Unpaid wages, disability insurance payments, disability ber	nefits, sick pay, vacation pay, workers' comper	sation, Social Security
	_ ′	benefits; unpaid loans you made to someone else		,
	■ No			
	⊔ Yes.	Give specific information		
31.		sts in insurance policies	(1104)	
	■ No	ples: Health, disability, or life insurance; health savings account	(HSA); credit, nomeowners, or renters insuran	ce
		Name the insurance company of each policy and list its value.		
		Company name:	Beneficiary:	Surrender or refund
				value:
32.		terest in property that is due you from someone who has di		See a see a set of the see as
	•	are the beneficiary of a living trust, expect proceeds from a life in one has died.	nsurance policy, or are currently entitled to rece	eive property because
	■ No			
	☐ Yes.	Give specific information		
33.		s against third parties, whether or not you have filed a lawsunder: Brown block and barries, whether or not you have filed a lawsunder: Brown barries against third parties.		
	■ No	oros. Acoustic, oriprofitant disputes, incularities stante, or right	0 10 040	
	☐ Yes.	Describe each claim		
34	Other	contingent and unliquidated claims of every nature, including	ng counterclaims of the debtor and rights to	set off claims
04.	■ No	ooningon and aniiquidated olaliile of overy hatare, includin	ig counterclaime of the debter and rights to	out on oldinio
	☐ Yes.	Describe each claim		
35	Δny fir	nancial assets you did not already list		
00.	■ No	ianolal assets you are not an easy list		
		Give specific information		
			1	
36		the dollar value of all of your entries from Part 4, including a art 4. Write that number here		\$150.00
	1011	art 4. Write that number here		<u> </u>
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have an Interest	In. List any real estate in Part 1.	
27	Do you	own or have any legal or equitable interest in any business-related i	oronorty?	
	_ ′	to the Part 6.	Sioperty:	
_	_	Go to line 38.		
_		30 10 1110 001		
	_			
Pa		escribe Any Farm- and Commercial Fishing-Related Property You Ov you own or have an interest in farmland, list it in Part 1.	vn or Have an Interest In.	
46	D	and the second s	annuarial Sahina valeted assessed 2	
46.		u own or have any legal or equitable interest in any farm- or	commercial fishing-related property?	
	_	Go to Part 7. s. Go to line 47.		
	⊔ Yes	5. GO tO IIITE 47.		
Pa	rt 7:	Describe All Property You Own or Have an Interest in That You Di	d Not List Above	

Official Form 106A/B

page 5

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Deb	tor 1 Justin Keith Mayhorn		Case number (if known)	
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$114,200.00
56.	Part 2: Total vehicles, line 5	\$33,070.00		
57.	Part 3: Total personal and household items, line 15	\$1,500.00		
58.	Part 4: Total financial assets, line 36	\$150.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$34,720.00	Copy personal property total	\$34,720.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$148,920.00

Official Form 106A/B Schedule A/B: Property page 6

91C (09/13)

In the Matter of: Justin Keith Mayhorn

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

Case No.

		Debtor.	DEBTOR'S CLA	AIM FOR PROPERTY	EXEMPTIONS
ĺ. Jus	tin Keith Mavhorn . tl		<i>)</i> by claim the following property	as exempt pursuant t	to 11 U.S.C. §
			Carolina, and non-bankruptcy		3 2 2 3 3 3 3
		debtor claims as exempt any ndent of the debtor uses as a	y amount of interest that exceed a residence.	ls \$125,000 in value i	n property that the
1.	BURIAL PLOT. (N Select appropriate ex ■ Total net va □ Total net va	CGS 1C-1601(a)(1)). temption amount below: lue not to exceed \$35,000. lue not to exceed \$60,000.	(Debtor is unmarried, 65 years of ties or joint tenant with rights of	of age or older, prope	rty was previously
Prope 184 G	ption of rty & Address reenview Lane Linwoo 299 Davidson County		Mtg. Holder or Lien Holder(s)	Amt. Mt or Lie	
tax va		114,200.00	Wells Fargo Home Mortgage	e 113,307.0	893.00
	To (b) Total Net Value otal Net Exemption) Unused portion of exempt		\$ \$ \$	893.00 893.00 5,000.00
	an		carried forward and used to clar owned by the debtor. (NCGS	im	
2.			ring property is claimed as exer g to property held as tenants by		S.C. § 522(b)(3)(B) and
	ption of rty & Address =-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mt	
3.	MOTOR VEHICLI exempt not to exceed		Only one vehicle allowed under	this paragraph with n	net value claimed as
	Make, of Auto /ictory CrossCountry	Market Value	Lien Holder(s)	Amt. Lie	Net Value
30,000 90% N		13,070.00	Freedom Road Financial	15,505.0	0.00
(a) Sta	atutory allowance		\$	3,500	
	mount from 1 (b) above a part or all of 1 (b) ma	e to be used in this paragrap by be used as needed.)	h. \$		
		Total N	let Exemption \$	0.00	
4.			ROFESSIONAL BOOKS. (No		Used by debtor or

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	(09/13)	

Description -NONE-	Market Value	Lien Holder	(s)	Amt. Lien	Net Value
(a) Statutory allowance			\$	2,000	
(b) Amount from 1 (b) above to be (A part or all of 1 (b) may be us		h.	\$		
	Total N	et Exemption	\$	0.00	
	rs. (NCGS 1C-1601(a)(4). Debtor's	aggregate	L PURPOSES NEEDED BY DE interest, not to exceed \$5,000 in votal for dependents.)	
Description Appliances	Market Value 400.00	Lien Holder	(s)	Amt. Lien	Net Value 400.00
Clothing	200.00				200.00
Furniture	600.00	-			600.00
Tools TV/Computer	100.00				100.00 200.00
1 V/Computer	200.00			Total Net Value	
				Total Net Value	1,500.00
(a) Statutory allowance for debtor			\$	5,000	
(b) Statutory allowance for debtor's \$1,000 each (not to exceed \$4,000 to(c) Amount from 1(b) above to be u(A part or all of 1 (b) may be us	otal for dependents) used in this paragraph	-		2,000.00	
	,			Total Net Exemption	1,500.00
6. LIFE INSURANCE. (As p	rovided in Article X,	Section 5 of N	orth Caroli	na Constitution.)	
Name of Insurance Compan- NONE-	y\Policy No.\Name o	f Insured\Polic	y Date\Nan	ne of Beneficiary	
7. PROFESSIONALLY PRE 1C-1601(a)(7). No limit on		,	DEBTOR	OR DEBTOR'S DEPENDENT	S). (NCGS
Description: -NONE-					
8. DEBTOR'S RIGHT TO R amount.)	ECEIVE FOLLOW	VING COMPE	ENSATION	N: (NCGS 1C-1601(a)(8). No lim	it on number or
	mpensation for perso	onal injury to de	ebtor or to p	person whom debtor was dependen	nt for support.
B. \$NONE Co				r was dependent for support.	
C. \$ Co	mpensation from priv	vate disability p	policies or a	innuities.	
TREATED IN THE SAMI	E MANNER AS AN S 1C-1601(a)(9). No	INDIVIDUA	L RETIRE	RNAL REVENUE CODE AND A EMENT PLAN UNDER THE IN nt.) AND OTHER RETIREME	TERNAL
Detailed Description -NONE-				Val	ue

0.1C	$I \cap \Omega / I$	21
910	(09/1.	ו כ

10.	(NCGS 1C-1601(a)(10). The plan within the preceding	Fotal net value not to ex 12 months not in the or	dinary course of the debtor's financia ebtor and will actually be used for the	ny funds pla Il affairs. Tl	ced in a college sanis exemption appli	ving
	Detailed Description -NONE-				Value	
11.	UNITS OF OTHER STA	TES, TO THE EXTE	REMENT PLAN OF OTHER STA NT THOSE BENEFITS ARE EXI . (NCGS 1C-1601(a)(11). No limit o	EMPT UND		
12.			NTENANCE AND CHILD SUPPO ably necessary for the support of De			No limit
	Description: -NONE-					
13.	HAS NOT PREVIOUSL	Y BEEN CLAIMED A	ERTY WHICH DEBTOR DESIRE ABOVE. (NCGS 1C-1601(a)(2). The which has not been used for other ex-	ne amount cl		
	scription vings: Lion's Share FCU	Market Value 50.00	Lien Holder(s)	Amt.	Lien	Net Value 50.00
(a)	Total Net Value of property cla	imed in paragraph 13.		\$	50.00	
	Total amount available from pa Less amounts from paragraph 1	(b) which were used in Paragraph 3(b)	the following paragraphs: \$ \$	\$	5,000.00	
		Paragraph 4(b) Paragraph 5(c) Net Bala	\$s ance Available from paragraph 1(b) Total Net Exemption	\$ 	5,000.00	
14.	OTHER EXEMPTIONS	CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CA	AROLINA:	
	Debtor earnings necessary t Stat. § 1-362 TOTAL VALUE OF PROPER		arnings from last 60 days), N.C. Ge	en.		100.00
15.			NKRUPTCY FEDERAL LAW:		Ψ	
	-NONE- TOTAL VALUE OF PROPER					0.00
16	RECENT PURCHASES				Ψ	
The pure	exemptions provided in NCGS chased by the debtor less than 9 kruptcy, unless the purchase of	0 days preceding the in the property is directly	o, and (5) are inapplicable with respectitation of judgment collection procestraceable to the liquidation or convertacquire the replacement property.	edings or the	e filing of a petition	n for
List	tangible personal property puro	chased by the debtor les Market	s than 90 days preceding the filing o	f the bankru	ptcy petition:	Net

Lien Holder(s)

Value

Description

Value

Amt. Lien

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91C (09/13)

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE March 29, 2019		/s/ Justin Keith Mayhorn		
		Justin Keith Mayhorn		
		Debtor		

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	Odoc	213 00020 B001 Tiled	00,20	710 1 age 20	01 00	
Fill in this informati	on to identify you	r case:				
	Justin Keith May First Name		Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last	Name			
United States Bankru	uptcy Court for the:	MIDDLE DISTRICT OF NORTH CAR	ROLINA			
Case number						if this is an led filing
Official Form 1 Schedule D:		Who Have Claims Sec	curec	d by Propert	y	12/15
		f two married people are filing together, bol ut, number the entries, and attach it to this				
1. Do any creditors hav	e claims secured by	your property?				
☐ No. Check this	s box and submit th	is form to the court with your other sched	dules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in all	of the information b	pelow.				
Part 1: List All Se	ecured Claims					
		nore than one secured claim, list the creditor so	enarately	Column A	Column B	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 First Tech FO	CU	Describe the property that secures the cla	im:	\$26,611.00	\$20,000.00	\$0.00
Creditor's Name		2016 Nissan Rogue 50,000 miles 90% NADA				
PO Box 2100 Beaverton, C		As of the date you file, the claim is: Check a apply. ☐ Contingent	all that			
Number, Street, City	, State & Zip Code	Unliquidated				
Who owes the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortga car loan)	ge or sec	ured		
Debtor 1 and Debtor	r 2 only	Statutory lien (such as tax lien, mechanic	s lien)			
At least one of the d	ebtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim community debt	relates to a	Other (including a right to offset)				

Date debt was incurred 2016

Last 4 digits of account number

9329

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Debtor 1 Justin Keith Mayhorn		Case number (if known)		
First Name Middle N	lame Last Name			
2.2 Freedom Road Financial	Describe the property that secures the claim:	\$15,505.00	\$13,070.00	\$2,435.00
Creditor's Name ATTN: Officer 1515 W 22nd St Suite 100W Oak Brook, IL 60523	2016 Victory CrossCountry 30,000 miles 90% NADA As of the date you file, the claim is: Check all that apply. Contingent		. ,	. ,
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	 An agreement you made (such as mortgage or car loan) Statutory lien (such as tax lien, mechanic's lien) 			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 11/2015	Last 4 digits of account number 2015	5		
2.3 Wells Fargo Home	Describe the property that secures the claim:	\$113,307.00	\$114,200.00	\$0.00
P.O. Box 10335 Des Moines, IA 50306	184 Greenview Lane Linwood, NC 27299 Davidson County tax value As of the date you file, the claim is: Check all that apply. ☐ Contingent			
Number, Street, City, State & Zip Code	■ Unliquidated			
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or scar loan)	secured		
☐ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Principal	I		
Date debt was incurred 2015	Last 4 digits of account number 9360	0		
-	Column A on this page. Write that number here:	\$155,423.	00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$155,423.	00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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	0000 10 0	50020 5 00	1 11100 00/20/10	1 age 22 01			
Fill in this inform	mation to identify your case:						
Debtor 1	Justin Keith Mayhorn						
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
United States Ba	ankruptcy Court for the: MID	DLE DISTRICT OF	F NORTH CAROLINA				
Case number							
(if known)							f this is an
						amende	ed filing
Official Forn	n 106F/F						
	F/F: Creditors Who	Have Unsec	ured Claims				12/15
Schedule G: Execu Schedule D: Credit	tracts or unexpired leases that coutory Contracts and Unexpired Leaters Who Have Claims Secured butinuation Page to this page. If you mber (if known).	eases (Official Form y Property. If more	106G). Do not include any cre space is needed, copy the Par	editors with partially s t you need, fill it out,	secured clai number the	ms that ar entries in	e listed in the boxes on the
Part 1: List A	II of Your PRIORITY Unsecu	red Claims					
1. Do any credito	ors have priority unsecured clain	ns against you?					
☐ No. Go to F	Part 2.						
Yes.							
identify what ty possible, list th	r priority unsecured claims. If a c rpe of claim it is. If a claim has both the claims in alphabetical order acco than one creditor holds a particular	priority and nonpriori rding to the creditor's	ty amounts, list that claim here a name. If you have more than tw	and show both priority a	and nonpriori	ty amounts	s. As much as
(For an explana	ation of each type of claim, see the	instructions for this f	orm in the instruction booklet.)				
				Total claim	Priority amount		Nonpriority amount
	on County Child Support	Last 4 digits	of account number	\$0.00		\$0.00	\$0.00
	reditor's Name Greensboro St	When was th	e debt incurred?				
	ton, NC 27293				_		
	Street City State Zip Code d the debt? Check one.	As of the date	e you file, the claim is: Check a	all that apply			
■ Debtor 1 o		_					
Debtor 2 o	- ,	■ Unliquidate	ed				
_	and Debtor 2 only	☐ Disputed	DITY				
_	•	_	RITY unsecured claim:				
_	ne of the debtors and another		support obligations				
	this claim is for a community de	i raxes and	certain other debts you owe the				
■ No	subject to offset?		death or personal injury while yo	ou were intoxicated			
☐ Yes		Other. Spe	Child support				
55			(no arrears / notice	e only)			

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Debto	Justin Keith Mayhorn	Case number (if known)		
2.2	Davidson County Tax Dept	Last 4 digits of account number XXX	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name				
	P.O. Box 1577	When was the debt incurred?			
	Lexington, NC 27293 Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	olv		
V	Who incurred the debt? Check one.	☐ Contingent			
I	Debtor 1 only	Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
[\square At least one of the debtors and another	☐ Domestic support obligations			
	\square Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governm	ent		
	s the claim subject to offset?	\square Claims for death or personal injury while you were in	toxicated		
	No	☐ Other. Specify			
	☐ Yes	notice only			
2.3	Employment Security Comm.	Last 4 digits of account number XXX	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name P.O. Box 26504 Raleigh, NC 27611	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	ply		
٧	Who incurred the debt? Check one.	☐ Contingent			
ı	Debtor 1 only	■ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
[At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the governm	ent		
	s the claim subject to offset?	☐ Claims for death or personal injury while you were in	toxicated		
I	No	■ Other. Specify Wages, salaries, and com	missions		
	Yes	notice only			
2.4	Internal Revenue Service	Last 4 digits of account number XXX	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name P.O. Box 7346	When was the debt incurred?			
	Philadelphia, PA 19101-7346 Number Street City State Zip Code	As of the date you file, the claim is: Check all that app	olv		
V	Who incurred the debt? Check one.	☐ Contingent	,		
ı	Debtor 1 only	■ Unliquidated			
[Debtor 2 only	Disputed			
[Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
[☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the governm	ent		
	s the claim subject to offset?	☐ Claims for death or personal injury while you were in			
ı	No	Other. Specify			
	☐Yes	notice only			

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2.5 Maggie Mayhorn Priority Creditor's Name	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
215 John Deere LN	When was the debt incurred?			
Lexington, NC 27295 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	■ Unliquidated			
☐ Debtor 2 only	☐ Disputed			
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	■ Domestic support obligations			
☐ Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the government			
Is the claim subject to offset?	☐ Claims for death or personal injury while you were intoxical	ated		
■ No	Other. Specify			
Yes	child support (no arrears / Notice only)			
NC Child Support Centralized	Lock A digital of account mumber	\$0.00	\$0.00	\$0.00
2.6 Collections Priority Creditor's Name	Last 4 digits of account number		Ψ0.00	Ψ0.00
PO Box 900006 Raleigh, NC 27675	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	Contingent			
■ Debtor 1 only	Unliquidated			
Debtor 2 only	☐ Disputed			
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
At least one of the debtors and another	Domestic support obligations			
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxical.	ated		
No	Other. Specify			
Yes	Child support (no arrears / notice only)			
North Carolina Department of	Last 4 digits of account number XXX	\$0.00	\$0.00	\$0.00
2.7	Last 4 digits of account number			
P.O. Box 1168 Raleigh, NC 27602	When was the debt incurred?			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
Debtor 1 only	☐ Contingent			
Debtor 2 only	■ Unliquidated			
Debtor 2 only	Disputed			
☐ At least one of the debtors and another	Type of PRIORITY unsecured claim: ☐ Domestic support obligations			
Check if this claim is for a community debt	_			
Is the claim subject to offset?	 ■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxic. 	ated		
■ No	Other. Specify	aiod		
Yes	notice only			
Part 2: List All of Your NONPRIORITY Unsect	ured Claims			
3. Do any creditors have nonpriority unsecured claim				-
☐ No. You have nothing to report in this part. Submit	this form to the court with your other schedules.			
Yes.	•			

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

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unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Debtor 1	Justin	Keith	Mayhorn
----------	--------	-------	---------

Case number (if known)

	··-		Total claim
4.1	Atlantic Credit & Finance	Last 4 digits of account number 4177	\$2,000.00
	Nonpriority Creditor's Name PO Box 2083	When was the debt incurred?	
	Warren, MI 48090 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	■ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify collection account for Capital One	
4.2	Credit Bureau	Last 4 digits of account number XXX	\$0.00
	Nonpriority Creditor's Name P.O. Box 26140 Greensboro, NC 27402	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<u>_</u>	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify notice only	
		— Other. Specify	
4.3	Lion's Share FCU Nonpriority Creditor's Name	Last 4 digits of account number 1927	\$4,564.00
	850 Harrison Rd Salisbury, NC 28147	When was the debt incurred? 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify personal loan	
	00	— Other, Specify Portocitations	

Official Form 106 E/F

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otor 1 Justin Keith Mayhorn		Case number (if known)	
SYNCB/Walmart	Last 4 digits of account number	5239	\$2,749.00
Nonpriority Creditor's Name			
PO Box 965060	When was the debt incurred?	2017	
Orlando, FL 32896			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐Yes	■ Other. Specify Credit card	purchases	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	60	\$	0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ ——	
	6i.		6i.	»	0.00
	OI.	Other. Add all other nonpriority unsecured claims. Write that amount here.	OI.	\$	9,313.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	9,313.00

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Fill in this inform	Fill in this information to identify your case:									
Debtor 1	Justin Keith Mayl	norn								
	First Name	Middle Name	Last Name							
Debtor 2										
(Spouse if, filing)	First Name	Middle Name	Last Name							
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	NORTH CAROLINA							
Case number										
(if known)					☐ Check if this i	s an				
					amended filin	g				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.5	Jily		Olato	211 0000	
-	Name				
	Number	Street			_
	City		State	ZIP Code	_

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	is information to identify your	case:			
Debtor 1	Justin Keith Mayl	horn Middle Name	Last Name		
Debtor 2		madio Namo	Zaot Namo		
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	tates Bankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA		
Case nu (if known)	mber				☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors			12/15
people a fill it out,	re filing together, both are equ	ally responsible for supp boxes on the left. Attach	olying correct information the Additional Page to the	. If more space is r	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. D	o you have any codebtors? (If	you are filing a joint case,	do not list either spouse as	a codebtor.	
□ N ■ Y					
	rithin the last 8 years, have you ona, California, Idaho, Louisiana,				
	o. Go to line 3. es. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in li: Fori	ne 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make sur	e you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1	Maggie Mayhorn 215 John Deere LN Lexington, NC 27295			■ Schedule D, li □ Schedule E/F □ Schedule G _ Wells Fargo Ho	, line
3.2	Maggie Mayhorn 215 John Deere LN Lexington, NC 27295			■ Schedule D, II □ Schedule E/F □ Schedule G _ First Tech FCU	, line

Schedule H: Your Codebtors

Fill	in this information to identify yo	ur case:								
Del	otor 1 Justin Ke	eith Mayhorn			_					
	otor 2 puse, if filing)				_					
Uni	ted States Bankruptcy Court for	the: MIDDLE DISTRICT C	F NORTH CAROLINA							
	se number nown)		-			☐ Ar		d filing		petition chapter g date:
0	fficial Form 106I					MI	M / DD/ Y	YYY		
S	chedule I: Your Ir	ncome								12/1
sup spo atta	as complete and accurate as possible plying correct information. If use. If you are separated and ch a separate sheet to this for the property of the property	ou are married and not fili your spouse is not filing w m. On the top of any additi	ng jointly, and your spith you, do not include	oouse i e infori	is livi matic	ing with yon about	you, inclu your spo	ude inform ouse. If mo	nation re spa	about your ace is needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fil	ing sp	ouse
	If you have more than one job attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed				☐ Employed ☐ Not employed			
	Include part-time, seasonal, o self-employed work.	•	Ashley Furniture							
	Occupation may include stude or homemaker, if it applies.	ent Employer's address	One Ashley Way Arcadia, WI 5461	2						
		How long employed t	here? 3 months	S			_			
Pai	Give Details About	Monthly Income								
	mate monthly income as of thuse unless you are separated.	e date you file this form. If	you have nothing to rep	ort for	any I	line, write	\$0 in the	space. Inc	lude y	our non-filing
	ou or your non-filing spouse have e space, attach a separate shee		ombine the information	for all e	emplo	oyers for t	hat perso	n on the lir	nes bel	ow. If you need
						For Deb	tor 1	For Dek		
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	4,	657.73	\$		N/A
3.	Estimate and list monthly of	vertime pay.		3.	+\$		0.00	+\$		N/A

4,657.73

\$

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Justin Keith Mayhorn	-	C	Case number (if k	nown)				
	C =		4		For Debtor 1	7.70	nor	r Debtor n-filing s	pouse	
	Copy	y line 4 here	4.		\$ 4,65	7.73	\$_		N/A	=
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 947	7.01	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	\$		N/A	_
	5e.	Insurance	5e.			0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 1,054		\$_		N/A	_
	5g.	Union dues	5g.			0.00	\$_		N/A	_
	5h.	Other deductions. Specify: Service Fee	5h	.+	\$	4.33	+ \$_		N/A	=
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$2,000	5.33	\$_		N/A	_
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,65	1.40	\$_		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.			0.00	\$-		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			`		· -			-
		settlement, and property settlement.	8c.			3.46	\$_		N/A	
	8d.	Unemployment compensation	8d.		. —	0.00	\$_		N/A	-
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	•	\$	0.00	\$_		N/A	_
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00	\$_		N/A	
	8g.	Pension or retirement income	8g.			0.00	\$_		N/A	_
	8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ > _		N/A	=
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	243	3.46	\$_		N/A	A
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	2,894.86	+ \$		N/A	= \$	2,894.86
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	_,0000			1471	<u> </u>	_,0000
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not exify:	depe		. ,		•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						e. 12.	\$	2,894.86
10	D- ·-	rou avnot an ingresse or decrease within the year after you file this faces	2						month	y income
13.	Do y	rou expect an increase or decrease within the year after you file this form	ſ							
		No. Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:								
Deb	tor 1	Justin Keith	Mayhorr	1		Check	if this is:				
	tor 2 buse, if filing)					 ☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date: 					
`'	, 0,	runtou Court for the	MIDDL	E DISTRICT OF NORTH C	ADOLINA		MM / DD / YYYY				
		ruptcy Court for the	. WIDDL	E DISTRICT OF NORTH C	AROLINA	IV.	וואו / טט / אז ז				
	e number nown)										
Of	ficial Fo	orm 106J									
Sc	chedule	J: Your	Exper	nses				12/15			
info	rmation. If m		eded, atta	. If two married people ar ich another sheet to this n.							
Part		ribe Your House	hold								
1.	Is this a join										
	■ No. Go to	o line 2. es Debtor 2 live i	n a senar	ate household?							
	□ 103. D0 0		ii a sepai	ate nousenoia:							
	= ::	-	st file Offici	ial Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debto	or 2.				
2.	Do you hav	e dependents?	□ No								
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?			
	Do not state dependents				Daughter		1	□ No ■ Yes			
	dependents	names.			Dauginer		•	■ res □ No			
					Son		3	Yes			
								□ No			
								☐ Yes ☐ No			
								☐ Yes			
3.		penses include of people other t	han I	No							
		d your depende		Yes							
Part	2: Estim	ate Your Ongoi	na Month	lv Expenses							
Esti exp	imate your ex	xpenses as of yo	our bankr	uptcy filing date unless y y is filed. If this is a supp							
the	value of suc	h assistance an		government assistance in			Your expe	oneae			
(On	icial Form 10	J6I.)					Tour exp				
4.	The rental of payments ar	or home owners	hip expen e ground c	ses for your residence. In or lot.	nclude first mortgage	4. \$		0.00			
	If not include	ded in line 4:									
	4a. Real	estate taxes				4a. \$		0.00			
	•	erty, homeowner's				4b. \$		0.00			
		-	•	upkeep expenses		4c. \$		10.00			
5.		owner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00			

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Debtor 1 Justin Ke	eith Mayhorn	Case num	ber (if known)	
6. Utilities:				
	heat, natural gas	6a.	\$	150.00
•	ver, garbage collection	6b.		50.00
	e, cell phone, Internet, satellite, and cable services	6c.		210.00
6d. Other. Spe		6d.	·	0.00
•	ekeeping supplies	7.	·	400.00
	hildren's education costs	7. 8.	\$	
		o. 9.	·	0.00
	ry, and dry cleaning		\$	100.00
•	roducts and services	10.		75.00
1. Medical and der	•	11.	\$	100.00
2. Transportation. Do not include ca	Include gas, maintenance, bus or train fare.	12.	\$	400.00
	clubs, recreation, newspapers, magazines, and books	13.	·	20.00
	ributions and religious donations	14.	· · · —	0.00
5. Insurance.	indutions and religious donations	14.	Ψ	0.00
	surance deducted from your pay or included in lines 4 or 20.			
15a. Life insura		15a.	\$	40.00
15b. Health inst		15b.		0.00
15c. Vehicle ins		15c.		80.00
15d. Other insu		15d.		0.00
	clude taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Specify:	cidde taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
7. Installment or le	ease payments:		•	0.00
17a. Car payme		17a.	\$	0.00
17b. Car payme		17b.	\$	0.00
17c. Other. Spe		17c.	\$	0.00
17d. Other. Spe	•	17d.	·	0.00
•	of alimony, maintenance, and support that you did not report			
	your pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
	you make to support others who do not live with you.	•	\$	0.00
Specify:		19.		
	erty expenses not included in lines 4 or 5 of this form or on So			
20a. Mortgages	on other property	20a.	\$	0.00
20b. Real estate	e taxes	20b.	\$	0.00
20c. Property, h	nomeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenan	ce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowne	er's association or condominium dues	20e.	\$	0.00
1. Other: Specify:		21.	+\$	0.00
				2.00
2. Calculate your r	- ·			
22a. Add lines 4	ů –	_	\$	1,635.00
	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2	\$	
22c. Add line 22a	a and 22b. The result is your monthly expenses.		\$	1,635.00
Coloulete ver-	manthly not income			
•	monthly net income.	00-	¢.	0.004.00
	12 (your combined monthly income) from Schedule I.	23a.		2,894.86
23b. Copy your	monthly expenses from line 22c above.	23b.	-\$	1,635.00
23c Subtract v	our monthly expenses from your monthly income.			
	is your <i>monthly net income</i> .	23c.	\$	1,259.86
THE TESUIT	to your monthly not moonto.		1	· · · · · · · · · · · · · · · · · · ·
4. Do you expect a	an increase or decrease in your expenses within the year after	you file this	form?	
For example, do yo	u expect to finish paying for your car loan within the year or do you expect y			or decrease because o
	terms of your mortgage?			
No.				
☐ Yes.	Explain here:			

Fill in this inform	nation to identify your	ase:			
Debtor 1	Justin Keith Mayh	orn			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA		
Case number (if known)					☐ Check if this is an amended filing
Official Forn	n 106Dec				
Declarat	ion About a	n Individual	Debtor's Sch	nedules	12/15
You must file this obtaining money years, or both. 18	s form whenever you fil	e bankruptcy schedules connection with a bank	nsible for supplying correct or amended schedules. No ruptcy case can result in t	/laking a false staten	nent, concealing property, or , or imprisonment for up to 20
Did you pay	or agree to pay some	one who is NOT an attor	ney to help you fill out bar	nkruptcy forms?	
■ No					
☐ Yes. N	lame of person				uptcy Petition Preparer's Notice, and Signature (Official Form 119)
	ty of perjury, I declare	hat I have read the sum	mary and schedules filed	with this declaration	and
X /s/ Just	tin Keith Mayhorn		X		
Justin	Keith Mayhorn e of Debtor 1		Signature of De	ebtor 2	
Date <u>N</u>	March 29, 2019		Date		

Fill	in this informa	ation to identify you	r case:								
	otor 1	Justin Keith May									
DCI	7.01	First Name	Middle Name	Last Name							
_	otor 2 ouse if, filing)	First Name	Middle Name	Last Name							
Uni	ted States Banl	kruptcy Court for the:	MIDDLE DISTRICT OF N	ORTH CAROLINA							
	se number				_	theck if this is an mended filing					
Sta Be a	ns complete an	of Financial	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup y additional pages, write you						
Par	Give De	etails About Your Ma	nrital Status and Where You	Lived Before							
1.	What is your	current marital statu	is?								
	MarriedNot marri	ied									
2.	During the last 3 years, have you lived anywhere other than where you live now?										
	■ No □ Yes. List	all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .						
	Debtor 1 Price	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there					
3. state					ity property state or territory ico, Texas, Washington and W						
	■ No □ Yes. Mak	e sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ficial Form 106H).							
Par	t 2 Explain	the Sources of You	r Income								
4.	Fill in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?					
	□ No ■ Yes. Fill i	n the details.									
			Debtor 1		Debtor 2						
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)					
		of current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$16,718.00	☐ Wages, commissions, bonuses, tips						
			☐ Operating a business		☐ Operating a business						

Official Form 107

De	ebtor 1	Justin	Keith	Mayhorn				Ca	ase nu	mber (if known)		
					Debtor 1				D	ebtor 2		
					Sources of Check all t		(befo	s income re deductions and sions)	_	ources of inco heck all that ap		Gross income (before deductions and exclusions)
	or last cale anuary 1 t			31, 2018)	■ Wages bonuses, t	, commissions, tips		\$69,653.00		I Wages, commonuses, tips	nissions,	
					☐ Operati	ing a business				Operating a b	ousiness	
	or the cale anuary 1 t			fore that: 31, 2017)	■ Wages bonuses, t	, commissions,		\$45,000.00		Wages, comi onuses, tips	nissions,	
					☐ Operati	ing a business				Operating a b	ousiness	
	List each	h sourc	e and t	he gross inco	•		•	ived together, list it	•			
					Debtor 1				D	ebtor 2		
					Sources o Describe b		each (befo	s income from source re deductions and sions)	S ₀	ources of inco escribe below.		Gross income (before deductions and exclusions)
Pa	rt 3: Li	ist Cert	ain Pa	yments You	Made Before	re You Filed for	Bankrup	otcy				
6.						marily consume	•					
	□ No	. Neit	her De	ebtor 1 nor E	ebtor 2 has	•	umer de	bts. Consumer de	<i>bt</i> s are	e defined in 11	U.S.C. § 101	I(8) as "incurred by an
			No.	90 days befo	•	for bankruptcy, c	did you pa	y any creditor a to	otal of S	\$6,425* or mor	e?	
			Yes	paid that cr	editor. Do no		ents for do	mestic support ob				ne total amount you nd alimony. Also, do
		* S	ubject					at for cases filed o	on or a	fter the date of	adjustment.	
	■ Ye					e primarily cons for bankruptcy, c		ots. ly any creditor a to	otal of \$	\$600 or more?		
			No.	Go to line 7	' .							
			Yes	include pay		omestic support		of \$600 or more a s, such as child su				creditor. Do not nclude payments to ar
	Credito	or's Naı	me and	d Address		Dates of paym	ent	Total amount paid	Α	mount you still owe	Was this p	payment for

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Case number (if known)

7.	Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person is a business you operate as a sole proprietor. alimony.	partners; relatives of any gen n control, or owner of 20% of	neral partners; partne or more of their voting	erships of which yo g securities; and ar	ou are a general p ny managing age	partner; corporations ent, including one fo
	■ No □ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
В.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		yments or transfer a	ny property on a	ccount of a deb	t that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	
Pai	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures				
9.	Within 1 year before you filed for bankrup List all such matters, including personal injur- modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	hed, attached, s	seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property Explain what happene	d	Date		Value of the property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be	uptcy, did any creditor, inc		nancial institution	, set off any am	ounts from your
	Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or		erty in the possess	on of an assigne	e for the benefit	of creditors, a
	■ No □ Yes					
Pai	rt 5: List Certain Gifts and Contributions	S				
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ptcy, did you give any gift	ts with a total value	of more than \$60	0 per person?	
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts	3	Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Debtor 1 Justin Keith Mayhorn

Case number (if known)

4.	Within 2 years before you filed for bankruptcy No	, did you give any gifts or contribution	ns with a total	value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or contrib	ution.			
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed		Dates you contributed	Value
Pai	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankruptcy or gambling?	or since you filed for bankruptcy, did y	you lose anytl	hing because of thef	t, fire, other disaster
	■ No □ Yes. Fill in the details.				
	how the loss occurred Inclu	cribe any insurance coverage for the lede the amount that insurance has paid. It ance claims on line 33 of Schedule A/B:	_ist pending	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers				
6.	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepa Include any attorneys, bankruptcy petition preparation. No Yes. Fill in the details.	ring a bankruptcy petition? ers, or credit counseling agencies for ser	rvices required	in your bankruptcy.	
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you li	or to make payments to your creditor		r transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already I No Yes. Fill in the details.	iness or financial affairs? e as security (such as the granting of a s			
	Person Who Received Transfer Address	Description and value of property transferred		any property or received or debts	Date transfer was made
	Person's relationship to you		para ili ex	mange	
19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote No Yes. Fill in the details.		self-settled tru	st or similar device	of which you are a
	Name of trust	Description and value of the propo	erty transferre	ed	Date Transfer was made

Debtor 1 Justin Keith Mayhorn

Debtor 1 Justin Keith Mayhorn

Case number (if known)

Par	t 8: List of Certain Financial Accounts, Inst	truments, Safe Depos	sit Boxes, and Sto	orage Unit	s	
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association No	other financial accor	unts; certificates	of deposit		
	Name of Financial Institution and	Last 4 digits of account number	Type of accou	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yo cash, or other valuables?	ear before you filed fo	or bankruptcy, an	ny safe dep	oosit box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit of	r place other than you	ur home within 1	year befor	e you filed for bankruptcy	?
	NoYes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe '	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control f	or Someone Else				
23.	Do you hold or control any property that son for someone.	neone else owns? Inc	lude any propert	y you borr	owed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Info	rmation				
For	the purpose of Part 10, the following definitio	ns apply:				
	Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these	e air, land, soil, surfa	ce water, ground			
	Site means any location, facility, or property to own, operate, or utilize it, including dispos	-	environmental la	aw, wheth	er you now own, operate,	or utilize it or used
	Hazardous material means anything an envir hazardous material, pollutant, contaminant, o		s as a hazardous	waste, ha	zardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that	t you know about, reç	gardless of when	they occu	rred.	
24.	Has any governmental unit notified you that	you may be liable or	potentially liable	under or i	n violation of an environm	ental law?
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental u Address (Number, ZIP Code)	nit Street, City, State and		onmental law, if you it	Date of notice

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Dei	oloi	Justin Keith Waynorn		Cas	e number (if known)	
25.	Ha	ve you notified any governmental unit of	f any release of hazardous material?			
	_		,			
		No Yes. Fill in the details.				
	LI Na	ame of site	Governmental unit		Environmental law, if you	Date of notice
		ddress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		know it	Date of Hotice
26.	Ha	ve you been a party in any judicial or ad	ministrative proceeding under any envir	onm	ental law? Include settlements	and orders.
	_					
	_	No Yes. Fill in the details.				
	C	ase Title	Court or agency	Nati	ure of the case	Status of the
		ase Number	Name Address (Number, Street, City, State and ZIP Code)		o o o ou o o	case
Pai	rt 11	Give Details About Your Business or	Connections to Any Business			
			-			
27.	VVII	thin 4 years before you filed for bankrup	•		•	y business?
		<u> </u>	in a trade, profession, or other activity,		-	
		☐ A member of a limited liability comp	pany (LLC) or limited liability partnership	p (Ll	_P)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing ex	ecutive of a corporation			
		☐ An owner of at least 5% of the votin	ng or equity securities of a corporation			
		No. None of the above applies. Go to	Part 12.			
		Yes. Check all that apply above and fil	I in the details below for each business.			
		usiness Name	Describe the nature of the business		Employer Identification number	
		ddress umber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security Dates business existed	number or ITIN.
28	Wi	thin 2 years before you filed for bankrup	toy did you give a financial statement to	o an	vone about vour business? Incl	ude all financial
-0.		titutions, creditors, or other parties.	toy, and you give a illianolal statement to	o u.i.	yone about your basiness. mor	
		No				
		Yes. Fill in the details below.				
	Na	ame	Date Issued			
		ddress umber, Street, City, State and ZIP Code)				
Pai	· ·1 1 2	Sign Below				
		ead the answers on this <i>Statement of Fil</i> e and correct. I understand that making a				
		pankruptcy case can result in fines up to C. §§ 152, 1341, 1519, and 3571.	\$250,000, or imprisonment for up to 20	yeaı	s, or both.	
		stin Keith Mayhorn Keith Mayhorn	Signature of Debtor 2			
		ure of Debtor 1	digitative of Debtor 2			
Dat	te _	March 29, 2019	Date			
Did	you	attach additional pages to Your Statem	ent of Financial Affairs for Individuals F	iling	for Bankruptcy (Official Form 1	07)?
= N						
□ Y	'es					
Did	you	pay or agree to pay someone who is no	t an attorney to help you fill out bankrup	ptcy	forms?	
= N						
		Name of Person Attach the Bankru orm 107 Staten	uptcy Petition Preparer's Notice, Declaration nent of Financial Affairs for Individuals Filing			nago 6
JIIIC	ial F	omi ior Staten	ment of Financial Affairs for individuals Filing	IOI E	annupicy	page 6

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Debtor 1 Justin Keith Mayhorn Case number (if known)

Fill in this inform	nation to identify your case:	
Debtor 1	Justin Keith Mayhorn	
Debtor 2 (Spouse, if filing)		
United States B	ankruptcy Court for the: Middle District of North Carolina	
Case number (if known)		

Check	as directed in lines 17 and 21:						
According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						
	Check if this is an amended filing						

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1	: Calculate Your Average Monthly Income							
1	. V	What is your marital and filing status? Check one of	only.						
		Not married. Fill out Column A, lines 2-11.							
		☐ Married. Fill out both Columns A and B, lines 2-11							
	101 the	in the average monthly income that you received from a (10A). For example, if you are filing on September 15, the 6-6 months, add the income for all 6 months and divide the totuses own the same rental property, put the income from that	month poal by 6. F	eriod would Fill in the re	l be March 1 thro sult. Do not inclu	ugh Aug de any ir	ust 31. If the amo	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Colum Debto		Column B Debtor 2 or non-filing spouse	
2		Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and c	ommissio	ons (before all	\$	5,683.96	\$	
3		Alimony and maintenance payments. Do not includ Column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	
4	f a	All amounts from any source which are regularly por you or your dependents, including child support or an unmarried partner, members of your househound roommates. Do not include payments from a spourou listed on line 3.	t. Included	de regular depende	contributions nts, parents,	\$	0.00	\$	
5		Net income from operating a business, profession, or farm	Debto	or 1					
	(Gross receipts (before all deductions)	\$_	0.00					
	(Ordinary and necessary operating expenses	-\$	0.00					
	١	Net monthly income from a business, profession, or fa	rm\$_	0.00	Copy here ->	\$	0.00	\$	
6	. 1	let income from rental and other real property	Debto						
	(Gross receipts (before all deductions)	\$_	0.00					
	(Ordinary and necessary operating expenses	- \$ _	0.00					
	N	let monthly income from rental or other real property	Φ.	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 c		
7	Into	rest, dividends, and royalties		\$	0.00	\$	-	
		mployment compensation		\$	0.00	\$		
0.	Do n	not enter the amount if you contend that the amount received was a b Social Security Act. Instead, list it here:	enefit under	·	0.00			
		or you\$	0.00					
		or your spouse \$						
9.	Pens bene	sion or retirement income. Do not include any amount received that effit under the Social Security Act.	it was a	\$	0.00	\$		
10	Do n rece dom	time from all other sources not listed above. Specify the source an not include any benefits received under the Social Security Act or pay ived as a victim of a war crime, a crime against humanity, or internative estic terrorism. If necessary, list other sources on a separate page as below.	ments ional or					
				\$	0.00	\$		
				\$	0.00	\$		
		Total amounts from separate pages, if any.	+	\$	0.00	\$		
11.		culate your total average monthly income. Add lines 2 through 10 to column. Then add the total for Column A to the total for Column B.	for \$	5,683.96	+ \$_		= \$	5,683.96
								tal average
Part	t 2:	Determine How to Measure Your Deductions from Income						·
12. 13.	. Cop . Calc	y your total average monthly income from line 11.					\$	5,683.96
		You are not married. Fill in 0 below.						
		You are married and your spouse is filing with you. Fill in 0 below.						
		You are married and your spouse is not filing with you.						
		Fill in the amount of the income listed in line 11, Column B, that was dependents, such as payment of the spouse's tax liability or the spo						
		Below, specify the basis for excluding this income and the amount o adjustments on a separate page.	f income de	voted to eac	h purpose	. If necessary	, list addi	tional
		If this adjustment does not apply, enter 0 below.						
			\$					
			\$		_			
			+\$					
		Total	\$	0.0	00 Co	py here=>		0.00
14.	. Yo	ur current monthly income. Subtract line 13 from line 12.					\$	5,683.96
15	. Cal	Iculate your current monthly income for the year. Follow these st	teps:					_
	15a	a. Copy line 14 here=>					\$	5,683.96
		Multiply line 15a by 12 (the number of months in a year).					x	12
	15h	 The result is your current monthly income for the year for this part 	of the form					68,207.52
			. 01 1110 1011111				*	<u> </u>

Justin Keith Mayhorn

Debtor 1

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Case number (if known)

Justin Keith Mayhorn 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. NC 16b. Fill in the number of people in your household. 3 16c. Fill in the median family income for your state and size of household. 67.211.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 5.683.96 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 5,683.96 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 5,683.96 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 68,207.52 20b. The result is your current monthly income for the year for this part of the form \$ 67,211.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Justin Keith Mayhorn Justin Keith Mayhorn Signature of Debtor 1 Date March 29, 2019 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1

Fill in	this information to id	dentify your case:		
Debto	r 1 Justin Kei	th Mayhorn		
Dobto		·	_	
Debto	r ∠ se, if filing)		_	
(Spou	se, ii iiiiig)			
United	States Bankruptcy Co	ourt for the: Middle District of North Carolina	_	
Case	number			6.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
(if kno	wn)		LI Check i	f this is an amended filing
Officia	I Form 122C-2			
		ulation of Your Disposable	Income	04/16
	out this form, you wil itment Period (Officia	I need your completed copy of <i>Chapter 13 Stat</i> Il Form 122C-1).	tement of Your Current Monthly li	ncome and Calculation of
space	is needed, attach a se	te as possible. If two married people are filing teparate sheet to this form, Include the line nun r name and case number (if known).		
Part 1	Calculate Your	Deductions from Your Income		
the	questions in lines 6-	rvice (IRS) issues National and Local Standard 15. To find the IRS standards, go online using a available at the bankruptcy clerk's office.		
exp	enses if they are highe	ints set out in lines 6-15 regardless of your actual or than the standards. Do not include any operating any amounts that you subtracted from your spour	g expenses that you subtracted from	n income in lines 5 and 6 of Form
If yo	our expenses differ fror	n month to month, enter the average expense.		
Not	e: Line numbers 1-4 ar	e not used in this form. These numbers apply to ir	nformation required by a similar form	n used in chapter 7 cases.
5.	The number of peop	ole used in determining your deductions from i	ncome	
		people who could be claimed as exemptions on you additional dependents whom you support. This in your household.		3
Nat	ional Standards	You must use the IRS National Standards to	answer the questions in lines 6-7.	
6.		other items: Using the number of people you ent dollar amount for food, clothing, and other items.	ered in line 5 and the IRS National	\$1,384.00
7.	the dollar amount for people who are 65 or	h care allowance: Using the number of people your-of-pocket health care. The number of people is older-because older people have a higher IRS a amount, you may deduct the additional amount on	is split into two categoriespeople v llowance for health car costs. If you	vho are under 65 and

Official Form 122C-2

Debtor 1	Justin	Keith	Mayhorn
----------	--------	-------	---------

Case number (if known)

Pec	ple v	who are under 65 years of age							
	7a.	Out-of-pocket health care allowance per person	\$_	52					
	7b.	Number of people who are under 65	X	3					
	7c.	Subtotal. Multiply line 7a by line 7b.	\$_	156.00	-	Copy here=	> \$	156.00	
Pec	ple w	who are 65 years of age or older							
	7d.	Out-of-pocket health care allowance per person	\$	114					
	7e.	Number of people who are 65 or older	X	0	-				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00		Copy here=	> \$	0.00	
	_								
	7g.	Total. Add line 7c and line 7f			\$	156.00		Copy total here=>	\$ 156.00
		andards You must use the IRS Local Standards to		•				L	
		n information from the IRS, the U.S. Trustee Prog tcy purposes into two parts:	ıram	nas divided t	ne IRS Lo	ocal Standar	d for	nousing for	
= 1	lousi	ing and utilities - Insurance and operating expens	ses						
		ing and utilities - Mortgage or rent expenses							
		rer the questions in lines 8-9, use the U.S. Trustee instructions for this form. This chart may also be						using the link s	pecified in the
8.	Hou	using and utilities - Insurance and operating expense dollar amount listed for your county for insurance a	nses	s: Using the nu	ımber of p			I in line 5, fill	573.00
9.	Hou	using and utilities - Mortgage or rent expenses:							
	9a.	Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses		he dollar amou	unt		\$	858.00	
	9b.	Total average monthly payment for all mortgages a	nd ot	ther debts secu	ured by yo	our home.			
		To calculate the total average monthly payment, ad contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.							
		Name of the creditor		Average mo payment	nthly				
		Wells Fargo Home Mortgage		\$	555.33				
						7_			
		9b. Total average monthly paymen	t	\$	655.33	Copy here=>	-\$_	655.33	Repeat this amount on line 33a.
	9c.	Net mortgage or rent expense.							
		Subtract line 9b (total average monthly payment) fro or rent expense). If this number is less than \$0, enter		, -	ge	\$	2	02.67 Copy here=>	\$202.67
10.		ou claim that the U.S. Trustee Program's division ects the calculation of your monthly expenses, fill					is inc	correct and	\$
	Ex	plain why:							_

ebtor 1	Justin Keith Mayhorn		Case number (if k	(nown)		
11.	Local transportation expenses: Check the number of vehic	cles for which you claim a	an ownership	or operating	expense.	
	□ 0. Go to line 14.					
	■ 1. Go to line 12.					
	☐ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for					196.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.					
Vel	Describe Vehicle 1: 2016 Victory CrossCou	ıntry 30,000 miles 90	% NADA			
13a.	Ownership or leasing costs using IRS Local Standard	<u> </u>		497.00		
	Average monthly payment for all debts secured by Vehicle 1.			1011100		
130.	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Freedom Road Financial	\$ 261.90				
			Сору		Repeat this	
	Total Average Monthly Payment	\$ 261.90	here => -\$	261	.90 amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0	\$	235.10	Copy net Vehicle 1 expense here => \$	235.10
Vel	nicle 2 Describe Vehicle 2:				_	
13d.	Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	. Do not include costs for				
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
			¬ c			
	Total average monthly payment	\$	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v				the \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap				0.00

Debtor 1

Debtor 1 Justin Keith Mayhorn Case number (if known)

		n addition to the expense d ne following IRS categories		s listed above	, you are allowed your monthly expenses	s for	
16.	self-employment taxes, socia	I security taxes, and Medic vever, if you expect to rece in the total monthly amount	are taxes ive a tax	. You may inc refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	1,059.80
17.	Involuntary deductions: The contributions, union dues, an	, , ,	uctions th	at your job re	quires, such as retirement		
	Do not include amounts that	are not required by your job	o, such as	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	ents that you make for your life insurance on your depe	spouse's	term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: T administrative agency, such a Do not include payments on p	as spousal or child support	payment	S.	by the order of a court or You will list these obligations in line 35.	\$	1,054.99
20.	Education: The total monthly	-					
	as a condition for your job	, or					
	for your physically or men	ally challenged dependent	child if n	o public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for				sitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the health by a health savings account.	and welfare of you or your Include only the amount the	depende at is more	nts and that is than the tota			0.00
	Payments for health insurance	_				\$	0.00
23.	for you and your dependents phone service, to the extent r income, if it is not reimbursed Do not include payments for	such as pagers, call waitin necessary for your health a by your employer. pasic home telephone, inte	ng, caller nd welfar rnet and	identification, e or that of yo cell phone sel	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment ount you previously deducted.	+\$	0.00
24.	Add all of the expenses allowed Add lines 6 through 23.	owed under the IRS expe	nse allov	vances.		\$	4,861.56
Add	ditional Expense Deductions	These are additional de Note: Do not include a					
	Health insurance, disability	Note: Do not include as insurance, and health sa	ny expens avings ac	se allowances		or	
	Health insurance, disability insurance, disability insurance	Note: Do not include as insurance, and health sa	ny expens avings ac	se allowances	s listed in lines 6-24. uses. The monthly expenses for health	or	
	Health insurance, disability insurance, disability insurance your dependents.	Note: Do not include as insurance, and health sa	ny expeni avings ac unts that	se allowances count expen are reasonab	s listed in lines 6-24. uses. The monthly expenses for health	or	
	Health insurance, disability insurance, disability insurance your dependents. Health insurance	Note: Do not include at insurance, and health sa e, and health savings acco	ny expensivings ac unts that	se allowances count expen are reasonab 536.55	s listed in lines 6-24. uses. The monthly expenses for health	or	
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	Note: Do not include at insurance, and health sa e, and health savings acco	avings acunts that	se allowances count expen are reasonab 536.55 0.00	s listed in lines 6-24. uses. The monthly expenses for health	sr \$\$	536.55
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total	Note: Do not include an insurance, and health sate, and health savings acco	svings acunts that \$ \$	count expensare reasonab 536.55 0.00 0.00	s listed in lines 6-24. ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o		536.55
	Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	Note: Do not include an insurance, and health sate, and health savings acco	svings acunts that \$ \$	count expensare reasonab 536.55 0.00 0.00	s listed in lines 6-24. ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o		536.55
	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	Note: Do not include an insurance, and health sate, and health savings acco	svings acunts that \$ \$	count expensare reasonab 536.55 0.00 0.00	s listed in lines 6-24. ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o		536.55
	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reason	Note: Do not include and insurance, and health sate, and health savings account and health savings acc	svings acunts that \$ \$ \$ \$ family nand suppoors unab	se allowances count expenare reasonab 536.55 0.00 0.00 536.55	c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may		536.55
25.	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reason your household or member or include contributions to an actually view of the payon of the payon household or member or include contributions to an actually view of the payon of the payon household or member or include contributions to an actual protection against family view of the payon of	Note: Do not include an insurance, and health sate, and health savings account the care of household or nable and necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the count of a qualified ABLE polence. The reasonably necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable and necessary care at the care of household or nable at the care of household o	syings acunts that \$ \$ \$ \$ \$ \$ family nand supply of is unaborogram. Secessary	se allowances count expen are reasonab 536.55 0.00 0.00 536.55 nembers. The ort of an elder le to pay for s 26 U.S.C. § 5 monthly expe	c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may	\$\$	

ebtor 1	Justin Keith Mayhorn	Case number (if I	known)				
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and oper	rating e	expense	es on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy costs included nergy costs	d in exp	oenses	on line	:	
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that tary.	the add	ditional		\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expenses expendent children who are younger than 18 years old to	(not m attend	nore that a priva	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain wh not already accounted for in lines 6-23.	y the a	mount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the dat	te of a	djustme	nt.	\$	0.00
		he monthly amount by which your actual food and cloth g allowances in the IRS National Standards. That amour s in the IRS National Standards.					
		ional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	e separ	ate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).						
	Do not include any amount more than 15%	\$	0.00				
	Add all of the additional expense deduct Add lines 25 through 31.	tions.				\$_	536.55
Dedu	ictions for Debt Payment						
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortgage 33a through 33e.	s, veh	icle			
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each ankruptcy. Then divide by 60.	secure	d			
	Mortgages on your home					Avera	age monthly
33a.	Copy line 9b here				=>	\$	655.33
	Loans on your first two vehicles					· —	
33b.	Once I'm AOb bare				=>	\$	261.90
33c.						¢	
330.					=>	Ψ	0.00
33d. Nam	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt	inclu	s paym ide taxi suranc	es		
				No			
	-NONE-			Yes		\$	
				No			
				Yes		\$	
				No			
				Yes	+	\$	
					Сору		

ebtor 1	Justin Keith Mayhorn			Cas	se ni	umber (if known)			
	re any debts that you listed in line other property necessary for you				е,				
	No. Go to line 35.								
•	Yes. State any amount that you	ossession of your property							
Name	e of the creditor	Identify property that sec	cures the debt		To	otal cure amount		Monthly amount	
		184 Greenview Lan 27299 Davidson Co							
Wel	Is Fargo Home Mortgage	tax value		\$		8,500.00			141.67
				\$ \$	_		$\div 60 = \$$ $\div 60 = +\$$		
-				¥	Ē		Сору		
				Total	\$	141.67	total here=	> \$_	141.67
	o you owe any priority claims - s re past due as of the filing date o				nat				
	No. Go to line 36.								
		ich as those you listed in lir	ne 19.						
	Total amount of all past-	due priority claims			\$	0.00	÷ 60	\$	0.00
36. Pr	ojected monthly Chapter 13 pla	n payment			\$		_		
Ot th To	urrent multiplier for your district as ffice of the United States Courts (fee Executive Office for United States find a list of district multipliers that inciparate instructions for this form. This li	or districts in Alabama and es Trustees (for all other dis ludes your district, go online us	North Carolina stricts). Sing the link spec	a) or by ified in the	X		1 -		
A۱	verage monthly administrative exp	ense				\$	Copy tot here=>		
	Add all of the deductions for del Add lines 33e through 36.	ot payment.						\$	1,058.90
Total	Deductions from Income								
38. A	dd all of the allowed deductions								
(Copy line 24, <i>All of the expenses a</i> expense allowances	allowed under IRS	\$	4,861.56	6				
	Copy line 32, All of the additional e			536.55	5_				
(Copy line 37, All of the deductions	for debt payment	+\$	1,058.90)				
7	Fotal deductions		\$	6,457.01	1	Copy total here=>		\$	6.457.01

Debtor 1	Just	tin Keith M	layhorn		_	Case	numbe	er (if known)		
Part 2:	De	termine You	ır Disposable Income Under 11 U.S.0	C. § 1325((b)(2)					
			rent monthly income from line 14 of Current Monthly Income and Calcula						\$	5,683.96
•	children disability received	The month payments for in accordance	Ily necessary income you receive for ly average of any child support paymer or a dependent child, reported in Part I ce with applicable nonbankruptcy law tended for such child.	nts, foster of Form 1	care payme	nts, or /ou	\$_	C	0.00	
i	employe in 11 U.S	r withheld fro S.C. § 541(b)	etirement deductions. The monthly to om wages as contributions for qualified (7) plus all required repayments of loar . § 362(b)(19).	retiremen	nt plans, as s	pecified	\$_	C	0.00	
42.	Total of	all deductio	ns allowed under 11 U.S.C. § 707(b)	(2)(A). Co	py line 38 he	ere=>	\$_	6,457	'.01	
1	expense their exp	s and you ha enses. You i	ial circumstances. If special circumsta ave no reasonable alternative, describe must give your case trustee a detailed ocumentation for the expenses.	the spec	ial circumsta	nces and				
Des	cribe the	e special cir	rcumstances		Amount	of expen	se			
					\$					
					\$					
					\$					
				Total \$		0.00	Copy	y => \$	0.00	
44.	Total ad	justments. /	Add lines 40 through 43.			=> \$_		6,457.01	Copy here=> -\$	6,457.01
45.	Calculat	e your mon	thly disposable income under § 132	5(b)(2). S	ubtract line 4	4 from line	e 39.		\$	-773.05
Part 3:	Ch	ange in Inco	ome or Expenses							
 	have cha time you you filed	anged or are r case will be your petition	or expenses. If the income in Form 122 virtually certain to change after the date open, fill in the information below. For n, check 122C-1 in the first column, enter in when the increase occurred, and fill	te you file example er line 2 ir	d your bankr , if the wages n the second	uptcy petit s reported column, e	tion a	and during the eased after		
Forn	n	Line	Reason for change		Date of	change		Increase or decrease?	Amount of	change
□ 1	22C-1 22C-2 22C-1						_ !	☐ Increase ☐ Decrease ☐ Increase	\$	
	22C-1 22C-2							☐ Increase ☐ Decrease	\$	
	22C-1							Increase	ф.	
	22C-2 22C-1						_	☐ Decrease ☐ Increase	\$	
	22C-2							Decrease	\$	

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	Justin Keith Mayhorn	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you	declare that the information on this statement and in any attachments is true and correct.
		•
		•
	/s/ Justin Keith Mayhorn	<u> </u>
X		<u> </u>
X.	/s/ Justin Keith Mayhorn	
X _	/s/ Justin Keith Mayhorn Justin Keith Mayhorn Signature of Debtor 1	
X Date	/s/ Justin Keith Mayhorn Justin Keith Mayhorn	<u> </u>
X Date	/s/ Justin Keith Mayhorn Justin Keith Mayhorn Signature of Debtor 1 March 29, 2019	<u> </u>

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	on
\$24	5 filing fee	
\$7	5 administrati	ve fee
+ \$1	5 trustee surc	charge
\$33	5 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina

In re	Justin Keith Mayhorn		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR DE	CBTOR(S)
c	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 ompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy.	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,500.00
	Prior to the filing of this statement I have received		\$	0.00
	Balance Due		\$	4,500.00
2. \$	310.00 of the filing fee has been paid.			
3. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	he source of compensation to be paid to me is:			
	☐ Debtor ☐ Other (specify): Ch 13	Trustee		
5. I	I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are meml	pers and associates of my law firm.
[I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
6. I	n return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	ts of the bankruptcy c	ase, including:
b c	Analysis of the debtor's financial situation, and rend. Preparation and filing of any petition, schedules, star Representation of the debtor at the meeting of credit. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on home.	tement of affairs and plan which ors and confirmation hearing, and reduce to market value; exc ons as needed; preparation	n may be required; and any adjourned hear emption planning;	rings thereof;
7. E	y agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any di- any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
	certify that the foregoing is a complete statement of an nkruptcy proceeding.	ny agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Ma	arch 29, 2019	/s/ B. Peter Jarvis	6	
Do	te	B. Peter Jarvis 4		
		Signature of Attorne Tennant & Jarvis		
		P.O. Box 4585		
		Archdale, NC 272 336-431-9155 Fa		
		Tennantlaw@tria		
		Name of law firm		

United States Bankruptcy Court Middle District of North Carolina

In re	Justin Keith Mayhorn	Debton(s)	Case No.	40	
		Debtor(s)	Chapter	13	
	VERI	FICATION OF CREDITOR	MATRIX		
	, 2212				
'ha ah	ove named Dahton handky vanifies th	and the ottophed list of anoditous is two and a	name at to the best	of his/how Irmovyladas	
ne ab	ove-named Debtor hereby verifies th	nat the attached list of creditors is true and c	correct to the best	of fils/fier knowledge.	
Date:	March 29, 2019	/s/ Justin Keith Mayhorn			
		Justin Keith Mayhorn			
		Signature of Debtor			

Atlantic Credit & Finance PO Box 2083 Warren, MI 48090

Credit Bureau P.O. Box 26140 Greensboro, NC 27402

Davidson County Child Support 913 N. Greensboro St Lexington, NC 27293

Davidson County Tax Dept P.O. Box 1577 Lexington, NC 27293

Employment Security Comm. P.O. Box 26504 Raleigh, NC 27611

First Tech FCU PO Box 2100 Beaverton, OR 97075

Freedom Road Financial ATTN: Officer 1515 W 22nd St Suite 100W Oak Brook, IL 60523

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Lion's Share FCU 850 Harrison Rd Salisbury, NC 28147

Maggie Mayhorn 215 John Deere LN Lexington, NC 27295

NC Child Support Centralized Collections PO Box 900006 Raleigh, NC 27675

North Carolina Department of Revenue P.O. Box 1168
Raleigh, NC 27602

SYNCB/Walmart PO Box 965060 Orlando, FL 32896

Wells Fargo Home Mortgage P.O. Box 10335 Des Moines, IA 50306